

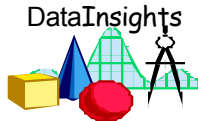
**Healthy Families Program
2004 Report of Consumer Survey of
Health Plans**



**March 2004
Data Insights Report No. 19**

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2004 Report of Consumer Survey of Health Plans

This report summarizes results from the fourth annual consumer satisfaction survey for the Healthy Families Program (HFP). This survey is a key component of the quality monitoring activities for the program. In addition to being an important tool in monitoring quality and access to services HFP subscribers experience with their health plans, subscribers receive this information during the Open Enrollment period and in the program handbook which gives them additional facts about their health plan choices.

SURVEY METHODOLOGY

MRMIB conducted the survey through an independent survey vendor, DataStat, Inc., using the Child Medicaid version of the Consumer Assessment of Health Plan Survey (CAHPS®) 3.0H questionnaire¹. The questionnaire contained 76 questions pertaining to nine aspects of care: access to care, customer service, communication of providers, and quality and satisfaction of health plan services and health care received. Responses to the questions have been summarized into four global ratings and five composite scores. The global ratings included ratings of health plan, health care, regular doctor or nurse, and specialist. The composite scores addressed getting needed care, getting care quickly, how well doctors communicate, helpfulness and courteousness of doctor's office staff and customer service. The survey also contained a module for examining the experiences of subscribers with chronic medical conditions. Details of this module are presented on page 20.

DataStat, Inc. conducted the survey over an 8-week period using a mixed mode (telephone and mail) five-step protocol between September and December 2003. Telephone follow-up was conducted for non-respondents in English and Spanish only. The protocol for conducting the telephone follow-up in the Asian languages has not been developed. DataStat, in consultation with MRMIB staff, developed the pre-notification and follow-up letters based on recommended samples from the CAHPS® 3.0H protocol.

The survey was conducted in five languages--English, Spanish, Cantonese, Korean and Vietnamese. The instruments in the Asian languages were made available for use through the support of the California Medi-Cal Policy Institute in 2000. Families selected for the survey received the survey in English, and Spanish, Cantonese, Korean or Vietnamese if one of these languages was designated as the primary language on the families' HFP application.

¹CAHPS® 3.0H comes from the Health and Employer Data Information Set (HEDIS) produced by the National Committee for Quality Assurance (NCQA).

Nine-hundred families per health plan were sampled for the survey. This was a decrease in the number of families surveyed last year and reflects changes made to the CAHPS® survey protocol. Last year the survey protocol required 1,050 families to be surveyed for the Medicaid and commercial surveys. The sample size for these surveys was determined by the minimum number of returned surveys needed for the analysis and the expected response rates. Because the response rates for the Medicaid surveys have been low historically, NCQA increased the sample size for Medicaid surveys from 1,050 to 1,650. On the contrary, the sample size for the commercial surveys was reduced from 1,050 to 900 because commercial survey response rates have been high historically. Since response rates for the HFP surveys have been comparable to commercial response rates, MRMIB used the sample size recommended for the commercial surveys.

Twenty-one plans had sufficient HFP enrollment to provide the target sample. For the four plans that did not have sufficient enrollment, all subscribers in these plans who met the age and continuous enrollment criteria were surveyed. The number of families who were selected for the survey and the distribution of language surveys for each participating health plan is presented in Table 1.

Table 1 – Distribution of Surveys in Each Language Group by Health Plan

Health Plan	Total	E	S	C	K	V
Alameda Alliance for Health	900	377	387	105	2	29
Blue Cross - EPO	900	512	376	3	7	2
Blue Cross - HMO	900	450	346	40	50	14
Blue Shield - EPO	900	736	156	1	5	2
Blue Shield - HMO	900	542	272	23	42	21
CalOptima	900	177	608	1	32	82
Care 1st Health Plan	900	196	698	3	1	2
Central Coast Alliance for Health	639	148	489	1	1	0
Community Health Group	900	247	646	1	0	6
Community Health Plan	900	228	621	30	9	12
Contra Costa Health Plan	900	242	648	4	2	4
Health Net	900	528	332	19	6	15
Health Plan of San Joaquin	900	413	479	4	0	4
Health Plan of San Mateo	712	177	533	1	1	0
Inland Empire Health Plan	900	333	560	1	0	6
Kaiser Permanente	900	567	316	7	4	6
Kern Family Health Care	900	390	506	0	2	2
Molina	900	234	662	0	2	2
San Francisco Health Plan	900	275	178	444	1	2
Santa Barbara Regional Health Authority	704	180	524	0	0	0
Santa Clara Family Health Plan	900	189	531	7	2	171
Sharp Health Plan	900	459	428	1	2	10
UHP Healthcare	760	253	443	21	38	5
Universal Care	900	242	642	1	4	11
Ventura County Health Plan	900	174	726	0	0	0
Total	21,715	8,269	12,107	718	213	408

E= English S=Spanish C=Cantonese K=Korean V=Vietnamese

As shown in Table 1, most of the surveys were distributed in English and Spanish. Although Cantonese, Korean and Vietnamese surveys comprised 6 percent of the total sample, for 2 plans (Alameda Alliance for Health and San Francisco Health Plan) these languages comprise 15 percent and 50 percent respectively.

In 2000, an oversampling of families who received the survey in Chinese, Vietnamese and Korean showed that families responding in these languages rated the various factors less favorably than families responding in English and Spanish. These differences in responses among language groups may affect the scores of San Francisco Health Plan and Alameda Alliance for Health with a large number of subscribers whose primary language is one of the Asian languages. Regarding the Spanish and English speaking respondents, prior research has shown that responses to the CAHPS® survey from both language groups are not different.

One area that MRMIB continues to explore is the differences in survey responses among the five language groups. RAND has received results from previous HFP health surveys for analysis and will submit the findings to MRMIB upon completion.

SURVEY RESULTS: OVERALL RATINGS

All plans had an adequate number of returned surveys to permit the analysis for plan-to-plan comparisons. The minimum number of responses needed for the analysis was 411 completed surveys per plan, which is the target number that NCQA defines for accreditation purposes. This goal allows for at least 100 responses per question for a comparative analysis and is comparable to most types of statistical testing. The following pages contain the HFP program and individual plan survey results for overall ratings and composites. Also included are new areas of analysis showing the areas of strongest and weakest performance and the items most highly correlated with satisfaction.

Summary of Responses

The responses to the survey are summarized into four rating and five composite questions. Responses that indicate a positive experience were considered achievement scores.

Rating Questions Responses: For the four rating questions, a 10-point scale was used to assess overall experience with health plans, health care, providers, and specialists. For this scale, “0” represents the worst and “10” represents the best. The achievement scores for these questions were determined by the percentage of families responding to each question using an 8, 9 or 10 rating. Individual plan scores for the 2003 survey are compared with the overall program score in 2003 and 2002 and a *benchmark*. This benchmark is based on the highest score achieved by a participating health plan with a minimum of 75 responses.

A large majority of HFP families gave their *Health Care, Health Plan, Personal Doctor (or Nurse) and Specialist* a high rating (at least an 8 on a 10 point scale). The rating of *Health Plan* had the highest achievement score for 2003 (86 percent). The rating of *Health Plan* also had the highest achievement score for 2002. Although the 2003 score (86 percent) was slightly lower than the 2002 score (87 percent), the differences in scores were not statistically significant.

The rating of *Specialist* had the lowest achievement score for 2003. The rating of *Specialist* also had the lowest achievement score for 2002. Although the 2003 score (79 percent) was slightly lower than the 2002 score (80 percent), the differences in scores were not statistically significantly different. Note that most plans had less than the desired responses to draw firm conclusions about the rating of *Specialist*.

The percentage of families rating their *Personal Doctor or Nurse* an 8, 9, or 10 **increased** from 2002 (80 percent) to 2003 (82 percent). This change was statistically significant. The percentage of families rating their *Health Care* an 8, 9, or 10 decreased from 2002 (81 percent) to 2003 (80 percent). This change was not statistically significant.

Of the scores achieved by individual plans, the highest score was achieved by Inland Empire Health Plan for overall rating of *Specialist* (98 percent). The lowest score obtained was by San Francisco Health Plan for the overall rating of *Specialist* (58 percent). Blue Cross EPO, Kaiser Permanente and Santa Barbara Regional Health Authority had achievement scores that were significantly above the program average in three of the four rating questions. Community Health Plan and San Francisco Health Plan had achievement scores that were significantly below the average in three to four rating questions.

Table 2 shows whether the plan results for the ratings questions were statistically significantly above or below the program average.

Table 2 – Statistically Significantly Higher and Lower than HFP Overall Ratings Scores

Health Plan	Overall Health Plan	Overall Health Care	Overall Personal Doctor or Nurse	Overall Specialist
Alameda Alliance for Health	▼		▼	
Blue Cross – EPO	▲	▲	▲	
Blue Cross – HMO	▼			
Blue Shield – EPO		▲	▲	
Blue Shield – HMO	▼			
CalOptima				
Care 1 st Health Plan	▼			
Central Coast Alliance for Health	▲		▲	
Community Health Group				
Community Health Plan	▼	▼	▼	
Contra Costa Health Plan				
Health Net				
Health Plan of San Joaquin	▲	▲		
Health Plan of San Mateo				▲
Inland Empire Health Plan	▲			▲
Kaiser Permanente	▲	▲	▲	
Kern Family Health Care				
Molina				
San Francisco Health Plan	▼	▼	▼	▼
Santa Barbara Regional Health Authority	▲	▲		▲
Santa Clara Family Health Plan	▲			
Sharp Health Plan	▲		▲	
UHP Healthcare	▼		▼	
Universal Care				
Ventura County Health Plan		▲	▲	

▲ = Statistically significantly higher than HFP Overall Rating Scores
▼ = Statistically significantly lower than HFP Overall Rating Scores

This table will show changes in plan scores that have increased or decreased 4 or more percentage points from 2002 to 2003.

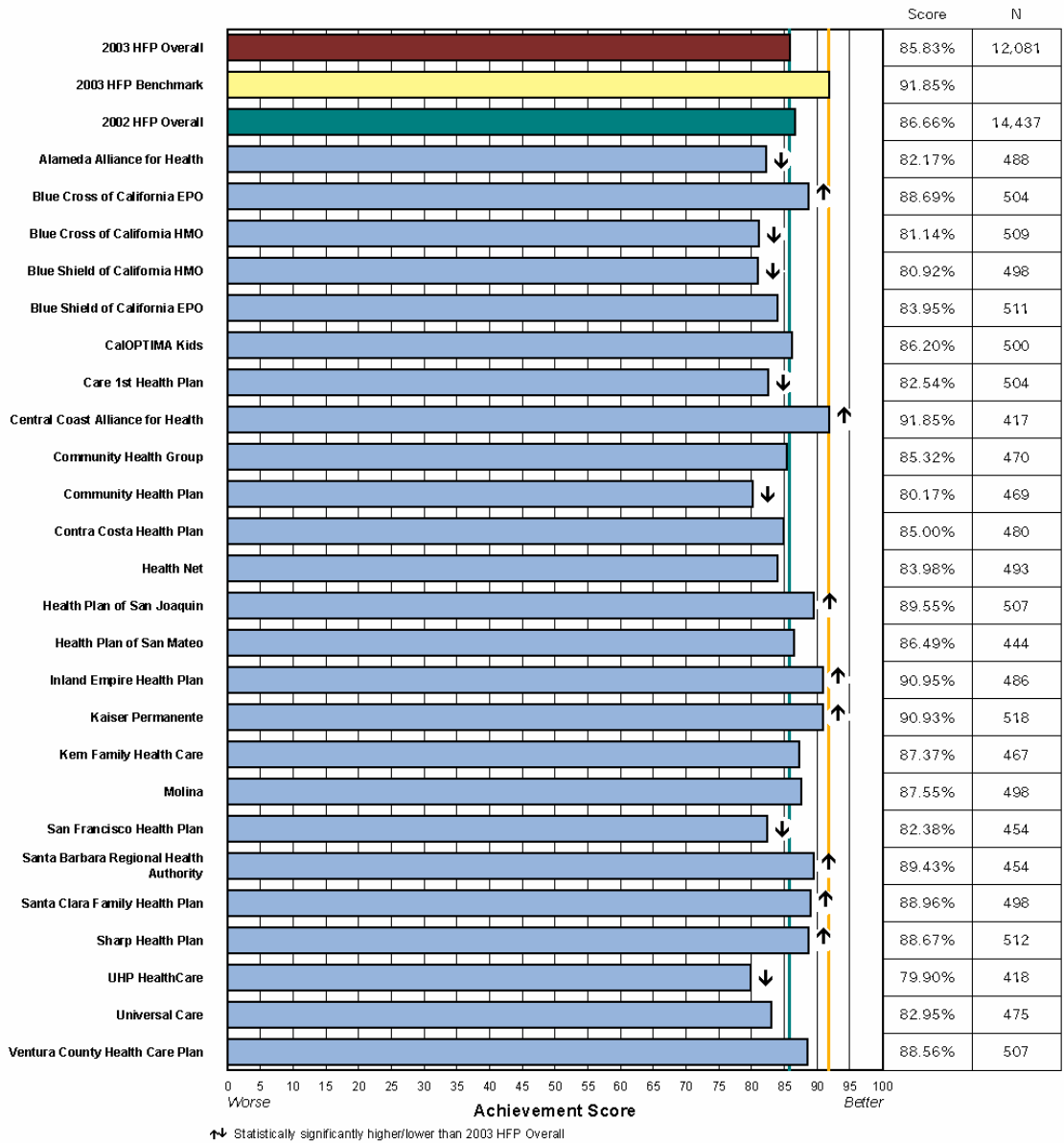
Table 3 – Plan Performance Changes in Overall Ratings 2002-2003

Health Plan	Overall Health Plan	Overall Health Care	Overall Personal Doctor or Nurse	Overall Specialist
Alameda Alliance for Health				↓ (9%)
Blue Cross – EPO		↓ (4%)		↓ (4%)
Blue Cross – HMO		↑ (4%)	↑ (9%)	↑ (8%)
Blue Shield – EPO	↓ (5%)	↑ (8%)	↓ (5%)	↓ (6%)
Blue Shield – HMO		↓ (8%)	↑ (15%)	↓ (6%)
CalOptima		↓ (4%)		↓ (4%)
Care 1 st Health Plan			↑ (4%)	↑ (6%)
Central Coast Alliance for Health	↑ (5%)		↑ (7%)	
Community Health Group	↓ (5%)	↓ (4%)		
Community Health Plan	↓ (4%)	↓ (4%)	↓ (4%)	↓ (13%)
Contra Costa Health Plan				
Health Net				
Health Plan of San Joaquin			↑ (4%)	
Health Plan of San Mateo				↑ (6%)
Inland Empire Health Plan			↑ (4%)	↑ (17%)
Kaiser Permanente	↑ (4%)		↑ (4%)	
Kern Family Health Care		↓ (4%)		↓ (11%)
Molina				↑ (7%)
San Francisco Health Plan		↓ (4%)		↓ (15%)
Santa Barbara Regional Health Authority			↓ (4%)	
Santa Clara Family Health Plan				
Sharp Health Plan				
UHP Healthcare				↓ (10%)
Universal Care	↓ (6%)	↓ (5%)		↑ (6%)
Ventura County Health Plan				

Pages 6-9 present the individual scores for each plan for each rating.

Overall Ratings (8, 9, 10)

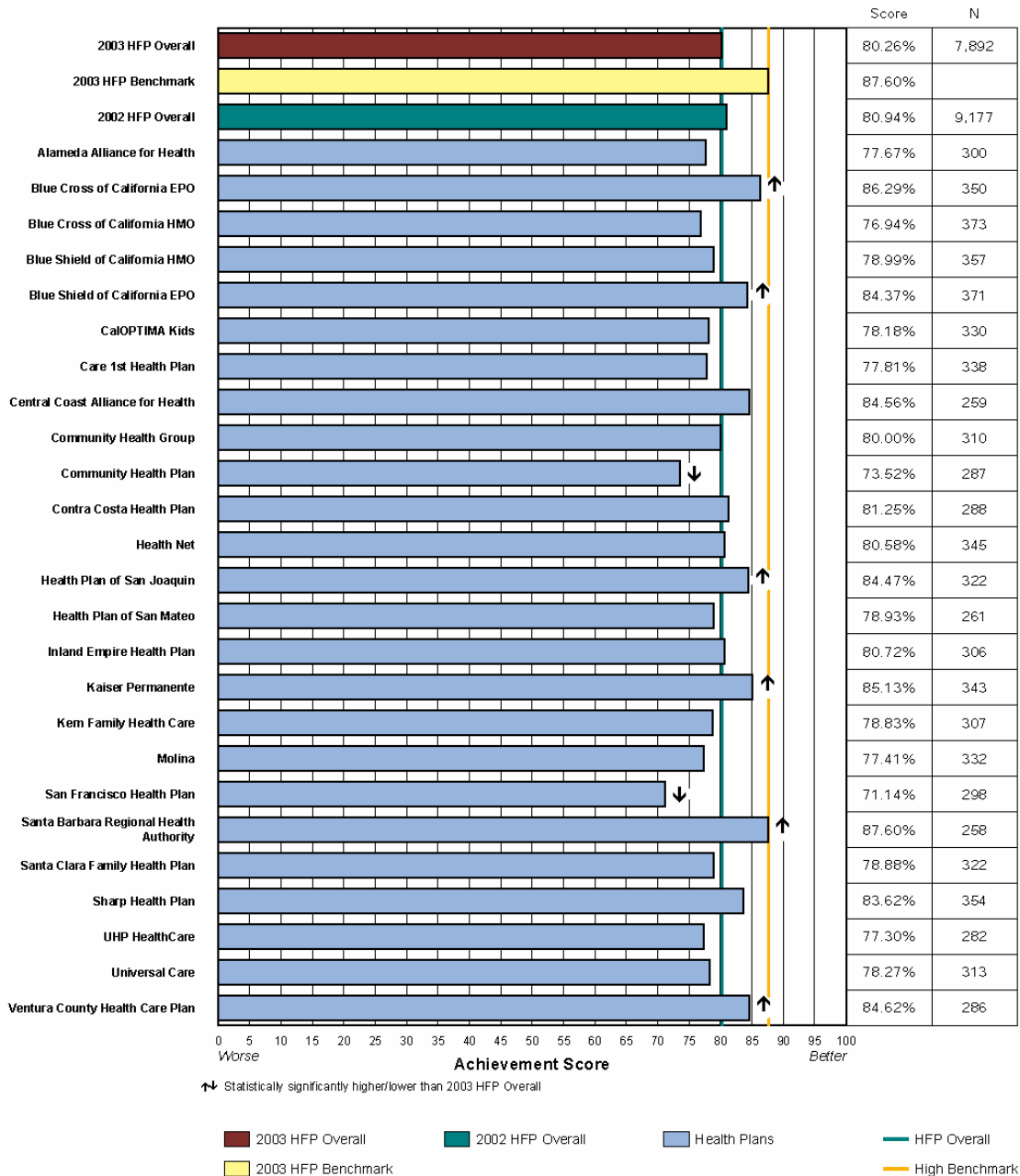
Q62. Overall rating of health plan



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Overall Ratings (8, 9, 10)

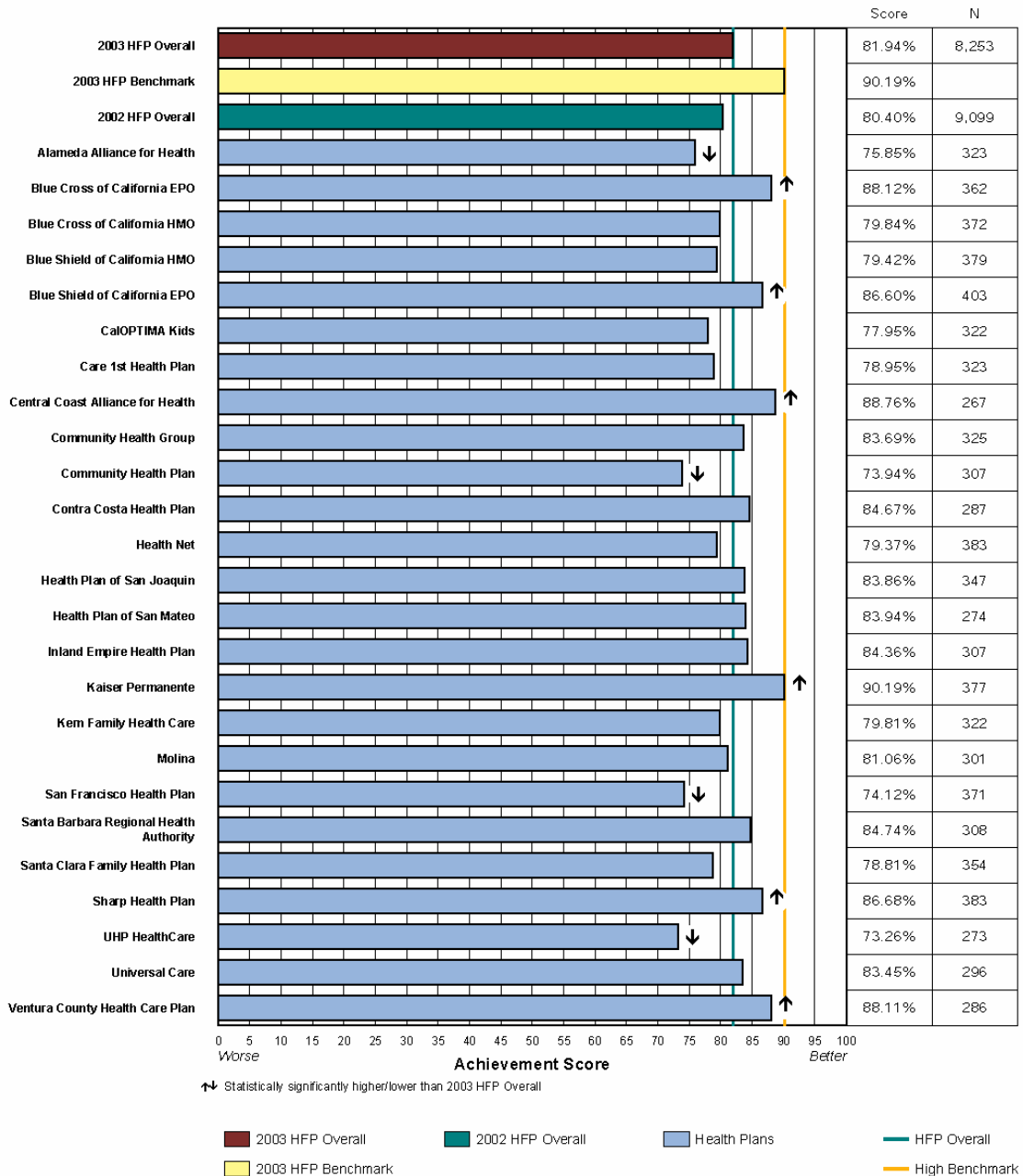
Q39. Overall rating of health care



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Overall Ratings (8, 9, 10)

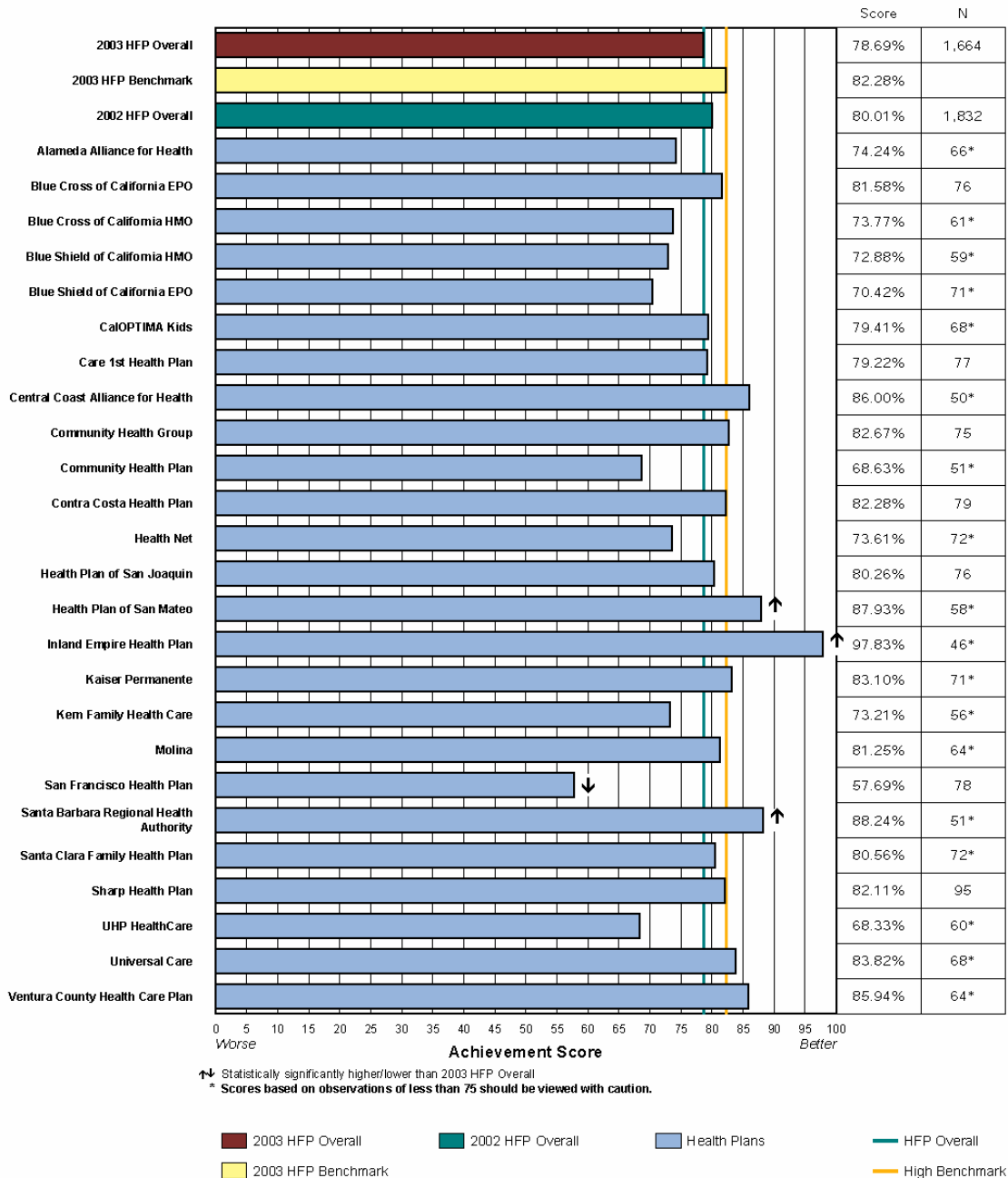
Q5. Overall rating of personal doctor or nurse



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Overall Ratings (8, 9, 10)

Q12. Overall rating of specialist



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SURVEY RESULTS: COMPOSITE SCORES

Composite Score Results: For the composite score, questions that are related to the same broad domain of performance are grouped. For example, *Getting Care Quickly* includes questions about getting advice by phone, about how soon appointments were scheduled, and about time spent waiting in the doctor's office. The achievement score for each composite is determined by the percentage of families who respond positively to each question that comprises the composite. A response is considered positive if the answers are "not a problem" for the questions comprising the *Getting Needed Care* and *Customer Service* composites, and "usually" and "always" for the *Getting Care Quickly*, *How Well Doctors Communicate*, and *Courteous and Helpful Office Staff* composites.

The survey questions that comprise each composite score are listed below.

"Getting Needed Care"

- Able to get a personal doctor or nurse for child you are happy with
- Able to get a referral to a specialist for child
- Able to get the care for child believed necessary
- No problems with delays in child's health care while awaiting approval

"Getting Care Quickly"

- Usually or always got help of advice needed of child
- Child usually or always got an appointment for routine care as soon as wanted
- Child usually or always got needed care for an illness/injury as soon as wanted
- Child never or sometimes waited more than 15 minutes in the doctor's office or clinic

"How Well Doctor's Communicate"

- Doctors usually or always listened carefully
- Doctors usually or always explained things in an understandable way
- Doctors usually or always showed respect
- Doctors usually or always spent enough time with child

"Courteous and Helpful Office Staff"

- Usually or always treated with courtesy and respect by office staff
- Office staff usually or always helpful

"Customer Service"

- Able to find or understand information in written materials
- Able to get help needed when you called child's health plan's customer service

Meaningful differences in the composite scores from one year to the next are more appropriately evaluated by examining changes in the scores of the individual questions that make up each composite score rather than testing for statistical significance. Second, trend analysis in the area of *Getting Needed Care* and *Getting Care Quickly* is not possible due to revisions to the earlier CAHPS® 2.0H survey instrument. The revisions to the CAHPS® 2.0H survey that were incorporated in the 3.0H version included the insertion of additional questions, changes to response options of existing questions, and changes in skip patterns. These revisions changed the interpretation of the composites which makes comparing the 2.0H and 3.0H versions inappropriate.

The results of the survey indicated that at least 80 percent of families responded positively to all but two composite questions. The composite rating of *How Well Doctor's Communicate* had the highest number of positive responses for 2003 (87 percent). This was also the case for 2002 (88 percent). The two composite ratings that had less than 80 percent of families responding positively were *Getting Care Quickly* and *Customer Service*. The composite rating for *Getting Care Quickly* had the lowest achievement score for 2003 (63 percent) and for 2002 (70 percent).

With respect to individual health plan scores, Blue Shield of California EPO achieved the highest composite score of all composite scores among the plans. Ninety-four percent of Blue Shield EPO subscribers responded positively to *How Well Doctor's Communicate*. San Francisco Health Plan achieved the lowest composite score of all composite scores among the plans. Fifty-four percent of their subscribers responded positively to the *Getting Care Quickly* composite.

There were 4 health plans (Blue Cross EPO, Central Coast Alliance for Health, Kaiser Permanente and Santa Barbara Regional Health Authority) that had composite scores that were statistically significantly above the program average. There were also 2 plans (Community Health Plan and San Francisco Health Plan) that had composite scores statistically significantly below the program average. Table 4 shows for each plan which composite scores fell significantly above or below the program average.

Table 4 - Statistically Significantly Higher and Lower than HFP Overall Composite Scores

Health Plan	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous & Helpful Office Staff	Customer Service
Alameda Alliance	▼				
Blue Cross – EPO	▲	▲	▲	▲	
Blue Cross – HMO		▼			
Blue Shield – EPO		▲	▲	▲	▼
Blue Shield – HMO	▼	▲		▲	
CalOptima	▼				
Care 1 st Health Plan		▼	▼		
Central Coast Alliance for Health	▲	▲	▲	▲	
Community Health Group					
Community Health Plan	▼	▼	▼	▼	▼
Contra Costa Health Plan					
Health Net		▲			
Health Plan of San Joaquin				▲	
Health Plan of San Mateo					
Inland Empire Health Plan					
Kaiser Permanente	▲	▲	▲	▲	
Kern Family Health Care		▼	▼	▼	▲
Molina		▼	▼	▼	▲
San Francisco Health Plan	▼	▼	▼	▼	▼
Santa Barbara Regional Health Authority	▲	▲	▲	▲	
Santa Clara Family Health Plan					▲
Sharp Health Plan			▲		
UHP Healthcare					
Universal Care					
Ventura County Health Plan	▲		▲		

▲ = Statistically significantly higher than HFP Overall Rating Scores
▼ = Statistically significantly lower than HFP Overall Rating Scores

This table will show changes in plan scores that have increased or decreased 4 or more percentage points from 2002 to 2003.

**Table 5 - Plan Performance Changes in Overall Composite Scores
2002-2003**

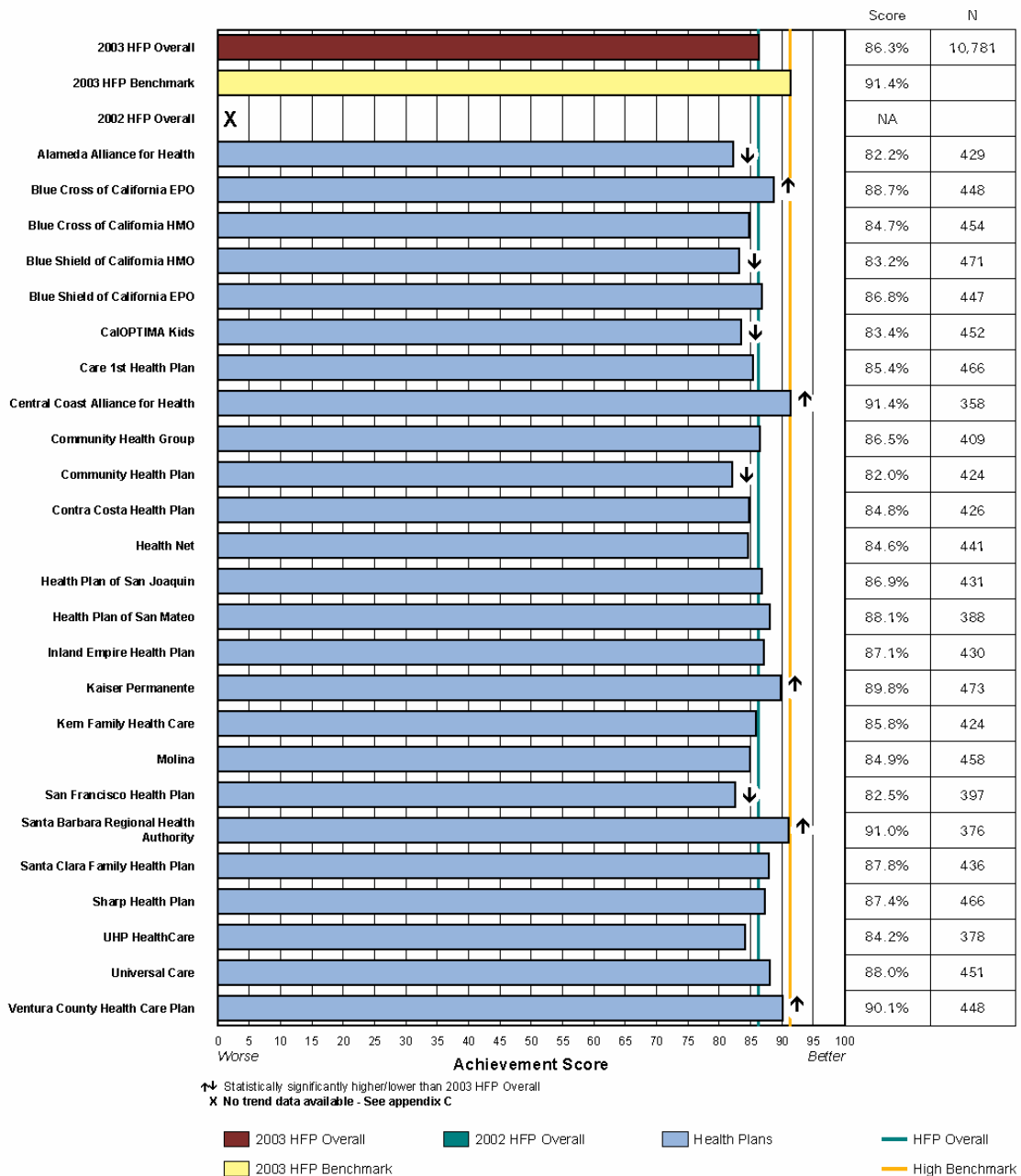
Health Plan	Getting Needed Care*	Getting Care Quickly*	How Well Doctors Communicate	Courteous & Helpful Office Staff	Customer Service
Alameda Alliance for Health					↓ (5%)
Blue Cross – EPO					↓ (6%)
Blue Cross – HMO					
Blue Shield – EPO				↓ (4%)	
Blue Shield – HMO			↑ (4%)	↑ (6%)	↓ (5%)
CalOptima					↓ (7%)
Care 1 st Health Plan					↓ (7%)
Central Coast Alliance for Health				↑ (4%)	
Community Health Group					↓ (5%)
Community Health Plan				↓ (4%)	↓ (19%)
Contra Costa Health Plan				↑ (5%)	↓ (12%)
Health Net					↓ (6%)
Health Plan of San Joaquin					↓ (7%)
Health Plan of San Mateo					↓ (4%)
Inland Empire Health Plan			↓ (4%)		↓ (11%)
Kaiser Permanente					↓ (5%)
Kern Family Health Care			↓ (4%)	↓ (5%)	↓ (5%)
Molina					
San Francisco Health Plan				↓ (6%)	↓ (9%)
Santa Barbara Regional Health Authority					↓ (10%)
Santa Clara Family Health Plan				↑ (4%)	
Sharp Health Plan			↑ (4%)		↓ (11%)
UHP Healthcare					↓ (10%)
Universal Care					↓ (7%)
Ventura County Health Plan					↓ (10)

**Trend analysis in the area of Getting Needed Care and Getting Care Quickly is not possible due to revisions to the earlier CAHPS® 2.0H survey instrument.*

The individual plan scores for all composites are shown on pages 14-18.

Getting Needed Care

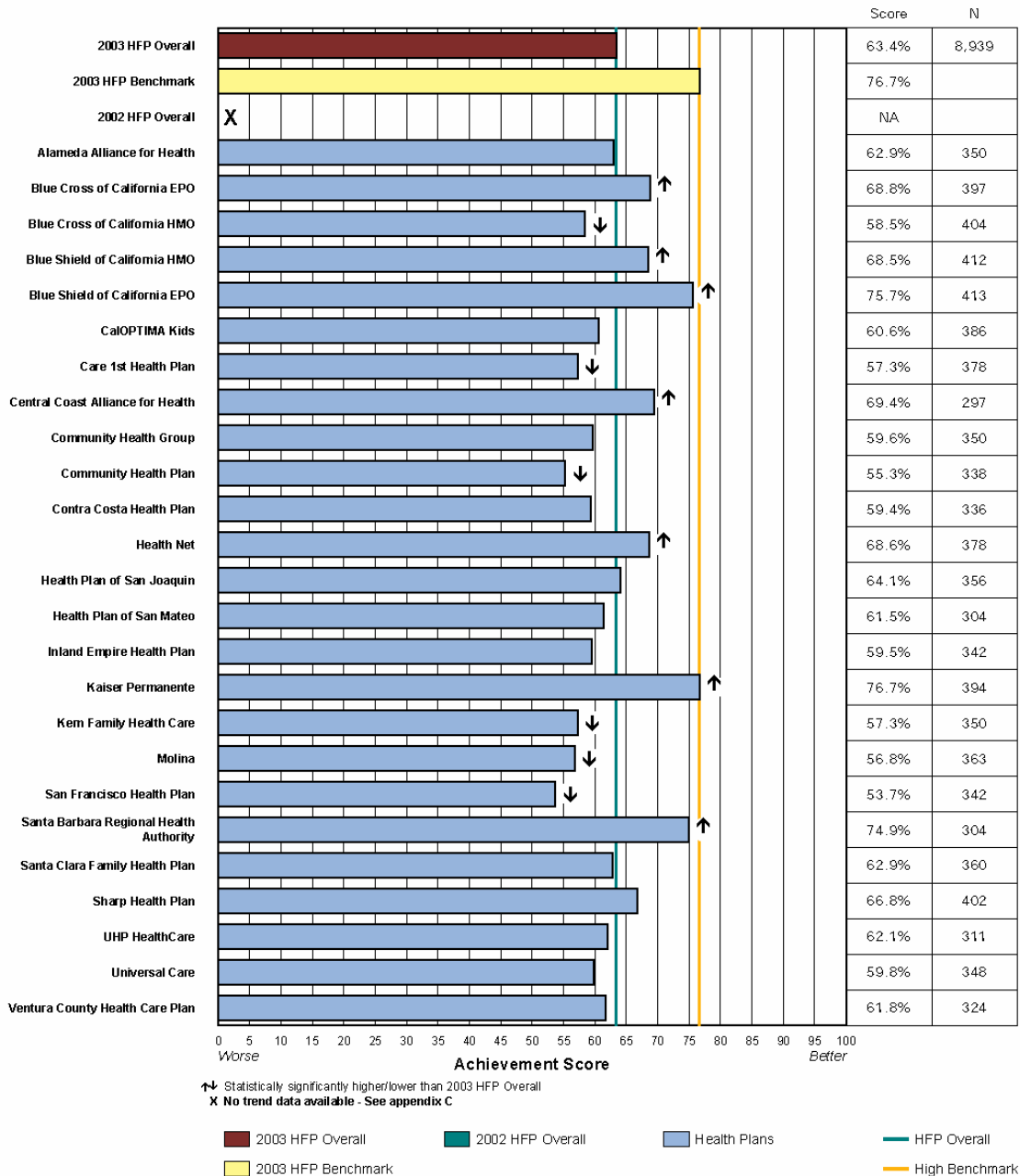
Composite Score



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Getting Care Quickly

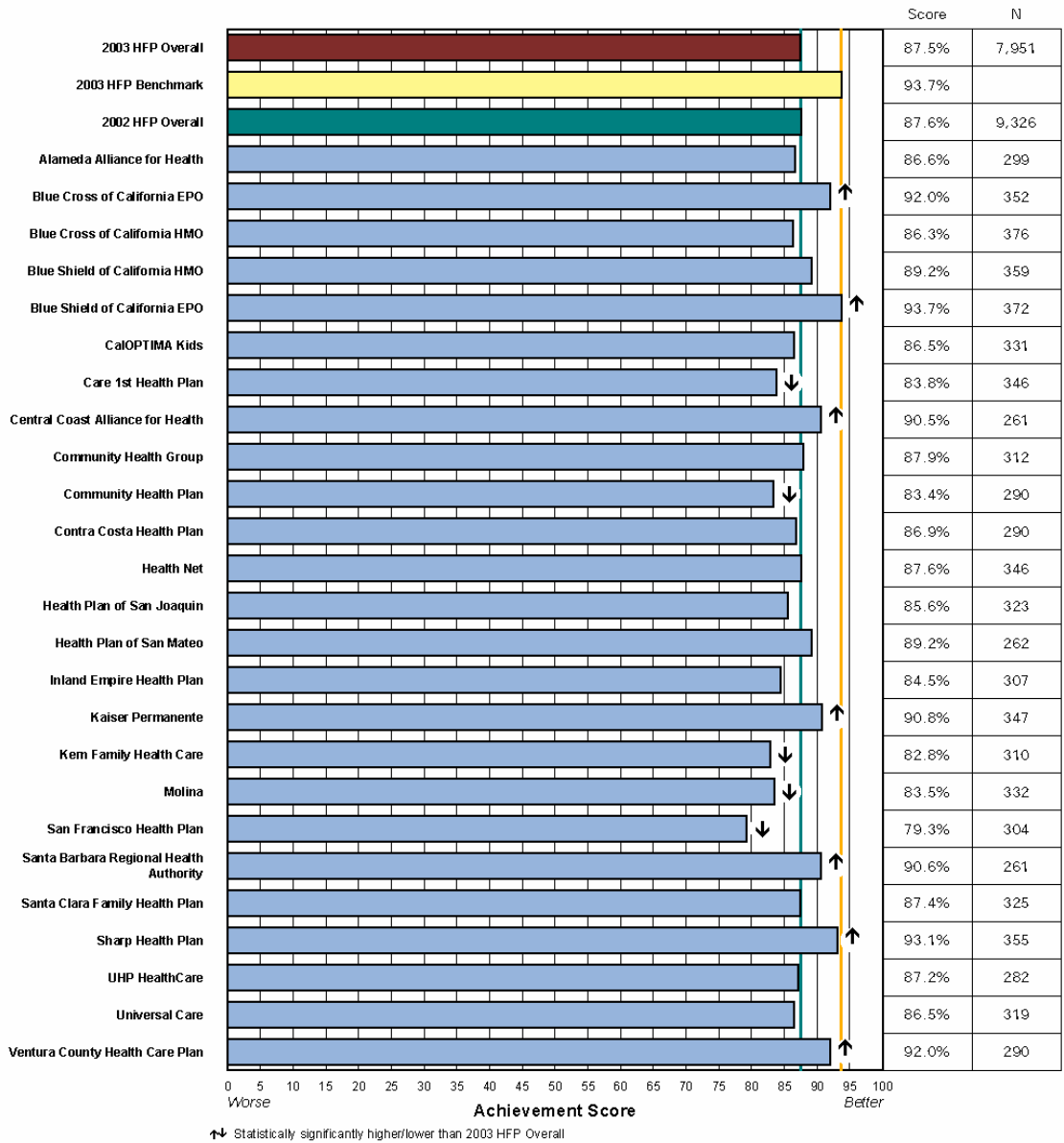
Composite Score



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How Well Doctors Communicate

Composite Score



2003 HFP Overall

2002 HFP Overall

Health Plans

HFP Overall

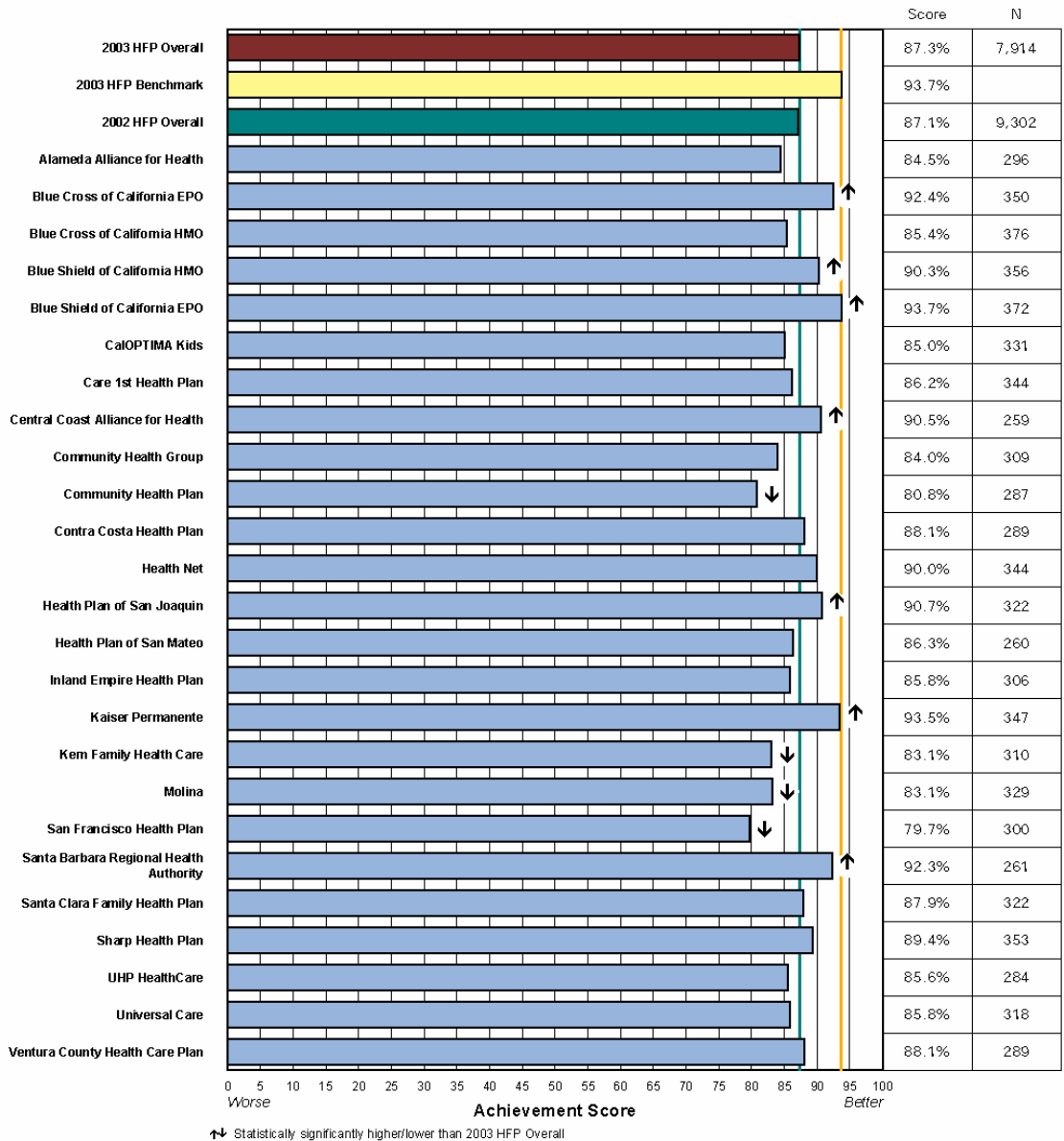
2003 HFP Benchmark

High Benchmark

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Courteous and Helpful Office Staff

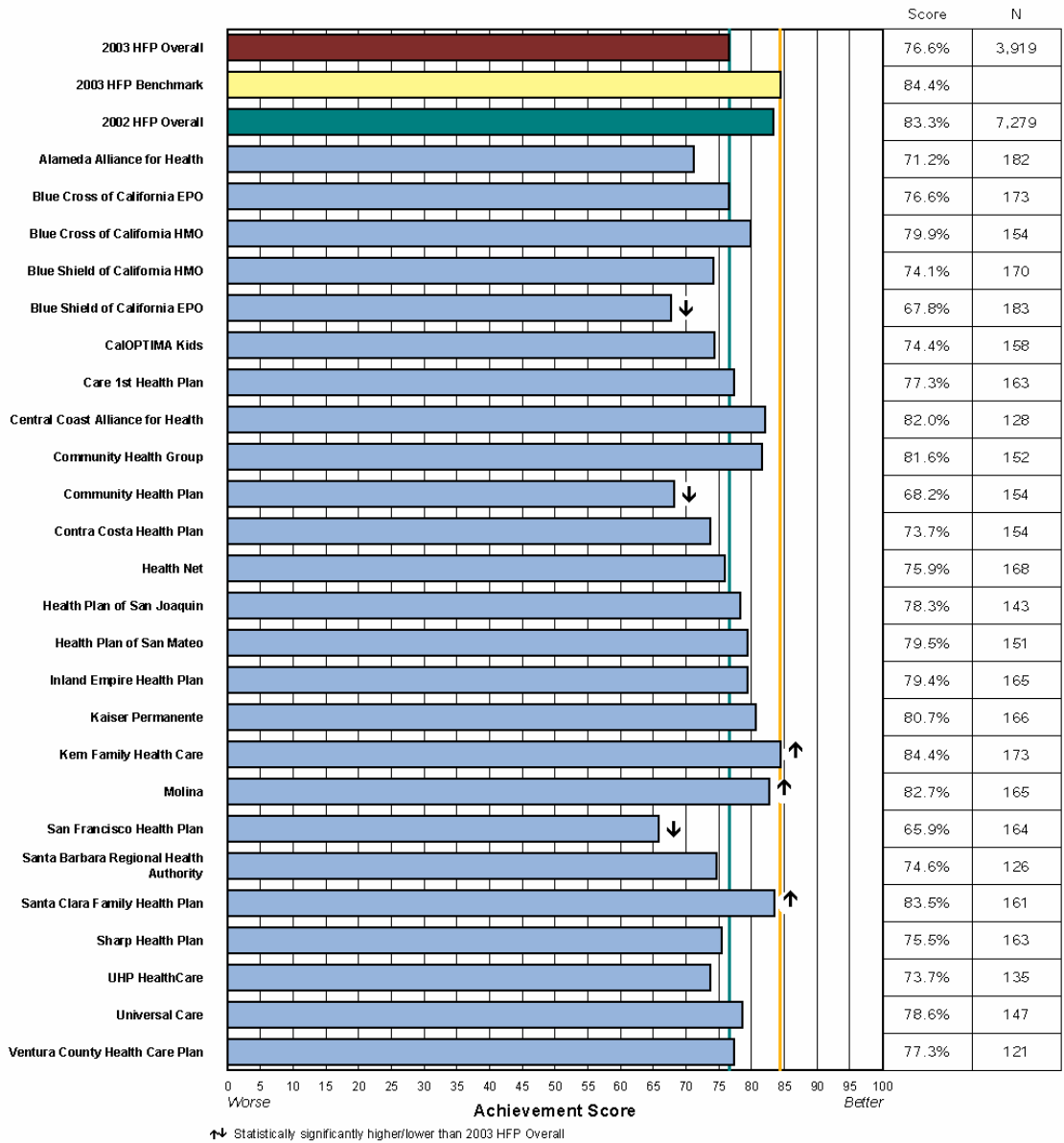
Composite Score



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Customer Service

Composite Score



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SURVEY RESULTS: CORRELATION OF SCORES AND SATISFACTION

In addition to the overall and individual plan scores, DataStat, Inc. conducted three additional analyses to illustrate the program's strongest and weakest areas of performance and the top ten questions that were highly correlated with satisfaction. The areas of strongest and weakest performance are based on the highest and lowest achievement score for a particular question. Questions were identified as having a high positive performance if their achievement score was greater than or equal to 85 percent. There were five items that had over 90 percent of subscribers responding positively. All five items were not highly correlated with overall satisfaction. Questions were identified as having a low positive performance if their achievement score was lower than 85 percent. There were four items that had less than 85 percent of subscribers responding positively. In the areas of weakest performance, all items were highly correlated with satisfaction. Tables 6 and 7 outline the areas of strongest and weakest performance.

A correlation coefficient of 0.40 or greater indicates a relatively high correlation with plan satisfaction. Coefficients less than 0.40 indicate a low correlation with plan satisfaction.

Table 6 – Areas of Strongest Performance

Question	HFP Achievement Score	Correlation with overall Satisfaction (Yes or No)	Composite Group
No problem with paperwork for health plan	94.7%	N (0.16)	Single Item Measure*
No problems with delays in child's health care while waiting approval	93.6%	N (0.23)	Getting Needed Care
Did not call or write to health plan w/ complaint or problem	93.5%	N (0.17)	Single Item Measure*
Doctor usually or always showed respect	91.9%	N (0.31)	How Well Doctors Communicate
Doctors usually or always listened carefully	90.4%	N (0.33)	How Well Doctors Communicate

(*Single item measures are questions in the survey that do not fall into the ratings or composite group categories.)

Table 7 – Areas of Weakest Performance

Question	HFP Achievement Score	Correlation with overall Satisfaction (Yes or No)	Composite Group
Able to get help needed when you called child's health plan's customer service	73.3%	Y (0.45)	Customer Service
Overall rating of specialist	78.7%	Y (0.42)	Overall Ratings
Overall rating of health care	80.3%	Y (0.57)	Overall Ratings
Overall rating of personal doctor or nurse	81.9%	Y (0.45)	Overall Ratings

There were several other areas that were moderately correlated with satisfaction. These are shown in Table 8.

Table 8 – Other Items Correlated with Satisfaction

Question	HFP Achievement Score	Correlation with Satisfaction	Composite Group
Able to find or understand information in written materials	79.3%	.38	Customer Service
Able to get a personal doctor or nurse for child you are happy with	81.1%	.34	Getting Needed Care
Able to get referral to a specialist for child	64.4%	.34	Getting Needed Care
One week or less to resolve complaint	61.9%	.32	Single Item
Usually or always got help or advice needed for child	81.3%	.31	Getting Care Quickly

(Note: A correlation coefficient of 0.40 or greater indicates a relatively high correlation with plan satisfaction. Coefficients less than 0.40 indicate a low correlation with plan satisfaction.)

SURVEY RESULTS: SUBSCRIBERS WITH CHRONIC MEDICAL CONDITIONS

In addition to the general survey results presented in the previous section, MRMIB conducted a supplemental survey to assess the experiences subscribers with chronic medical conditions had with their health plans. This survey included the optional module in CAHPS® 3.0H for children with chronic conditions (CCC). This is the first time MRMIB has included this module in the consumer surveys.

The CAHPS® 3.0H CCC module contains 115 questions. Seventy-two questions address the same areas of member experience as CAHPS® 3.0H (access to care, customer service, communication of providers, and quality and satisfaction of health plan services and health care received). Forty-three questions address areas of experience that are relevant to children with chronic conditions. These areas include access to prescription medicines, access to specialized services, personal doctor or nurse who knows child, shared decision making, getting needed information and coordination of care. Also included in these 43 questions are “screener” questions that are used to identify children with chronic conditions.

For ease of administration, DataStat randomly selected a second sample of 2,225 children. A sample of 1,325 children was taken from children who were known to be receiving (or had received services) through the California Children’s Services (CCS) program as of June 30, 2003. Children from CCS were selected because they have a chronic condition by virtue of being in the program. The remaining 900 children were randomly selected from the entire HFP population (who were not previously selected for the core survey) to comprise a control group representing the member experiences of the program as a whole. In the

HFP PedsQL[®] research 8.5 percent of HFP enrollees reported a chronic condition. The control group would likely have a similar percentage. The answers of those in the control group who were identified as having a chronic condition were included in the answers of the CCS children. This analysis does not break out the answers of chronically ill children in the control group from those in the CCS sample. There may be a sufficient number of them to do so in a future analysis. A program wide sample was drawn since most plans did not have a sufficient number of children enrolled in CCS meeting the CAHPS[®] survey criteria to conduct a plan to plan comparison. *For children in the CCS sample, it is not known whether their responses were due to experiences with their health plan or a combination of experiences with their health plan and the CCS program.*

Results from this supplemental survey were grouped into 3 categories; Overall Ratings, CAHPS[®] 3.0H Standard Composites and CAHPS[®] 3.0H Chronic Condition Composites. Responses from families identified as having a child with a chronic condition based on the “screener” questions were grouped into 2 categories – CCC and HFP.

Overall Ratings

Table 9 shows the achievement scores for the overall ratings for the CCC and the HFP population. There are negligible differences among the two groups in each category except for ratings of personal doctor or nurse. However, even with this difference most families gave their health plan, health care, personal doctor or nurse and specialist a high rating.

Table 9 – Overall Rating Achievement Scores for the CCC and HFP Populations

Overall Ratings (8,9, or 10)	CCC Achievement Scores	HFP Achievement Scores
Health Plan	86%	87%
Health Care	81%	82%
Personal Doctor or Nurse	86%	81%
Specialist	82%	80%

CAHPS[®] 3.0H Standard Composites

With respect to the composite scores, 2 of the composites had a slightly more favorable rating from the CCC population than from HFP population. These composites included *Getting Care Quickly* and *How Well Doctors Communicate*. The CCC population had a slightly lower level of favorable ratings for the other composites (*Courteous and Helpful Office Staff*, and *Customer Service*). There were major differences in scores between the two populations in the category of “*Getting Needed Care*”. Table 10 shows the composite scores for the CCC and HFP population.

Table 10 – Standard Composite Scores for the CCC and HFP Populations

Overall Standard Composites	CCC Achievement Scores	HFP Achievement Scores
Getting Needed Care	79%	90%
Getting Care Quickly	68%	66%
How Well Doctors Communicate	89%	88%
Courteous & Helpful Office Staff	88%	89%
Customer Service	72%	76%

An additional comparison was done using a group of composite questions that specifically address the needs of the CCC population as developed for CAHPS® 3.0H. The differences in achievement score for the CCC and HFP populations varied with most scores being higher for the CCC and two score being slightly lower than the CCC. Table 11 shows the CCC composite scores for each population.

Table 11 – Chronic Condition Composite Scores for the CCC and HFP Populations

Question	CCC Achievement Scores	HFP Achievement Scores
Access to Prescription Medicines	92%	94%
Access to Specialized Services	80%	86%
Family Centered Care: Personal Doctor or Nurse Who Knows Child	80%	58%
Family Centered Care: Shared Decision Making	78%	75%
Family Centered Care: Getting Needed Information	81%	78%
Coordination of Care	68%	62%

Comparable data for the results obtained through the supplemental survey was not available through the 2003 National CAHPS® Benchmarking Database. Similar data was available through a study that was conducted by the Child and Adolescent Health Measurement Initiative (CAHMI) and the Oregon Health and Science University Department of Pediatrics. A comparison of HFP program results with the CAHMI study suggests that:

In 7 areas the CCC performed better than what was seen in the CAHMI study. The percentages appearing in the CAHMI study reflect the percentages of families responding positively who did and did not have a personal physician. A consolidated score from the CAHMI study was not available. The percentages for HFP include both. (See Table 12).

Table 12: Comparison of HFP and CAHMI Study Results for Children With and Without Chronic Conditions

Composite	2003 HFP Survey- CCC	2002 CAHMI Study- CCC	2003 HFP Survey- HFP	2002 CAHMI Study- Non-CCC
Getting Needed Care	79%	79.5%/67.0%	90%	89.5%/59.0%
Getting Care Quickly	68%	66.6%/54.9%	66%	70.6%/59.0%
Communication with Doctor	89%	80.3%/65.7%	88%	83.4%/71.6%
Access to Prescriptions	92%	74.8%/74.3%	94%	86.2%/85.7%
Access to Specialized Services	80%	65.1%/53.5%	86%	75.3%/73.5%
Access to Needed Information	81%	72.9%/53.8%	78%	79.7%/59.1%
Shared Decision Making	78%	67.8%/54.5%	75%	69.8%/62.1%
Coordination of Care	68%	66.5%/51.9%	62%	62.3%/52.1%

CONCLUSION

Results from this survey reveal key points regarding the Healthy Families Program.

1. Families continue to have positive experiences with their health plans. Eighty-six percent of families surveyed for the core survey gave their health plan high ratings (at least an 8 on a scale of 0-10). This is also true for the supplemental CAHPS® survey where 86 percent of children with CCC and 87 percent of the HFP gave their health plan high ratings (at least an 8 on a scale of 0-10).

2. The program's performance in the overall ratings compared to other programs (National SCHIP and National Medicaid)* were not substantially different. In two areas the program's performance was better than National SCHIP and National Medicaid results. There were 2 areas where the program's performance was slightly below National SCHIP and National Child Medicaid. (see Table 13).

Table 13 - Comparison of HFP, National SCHIP & National Child Medicaid for Ratings Questions

Rating Questions Definition of Achievement Scores (7,8,9,10)	2003 HFP	2003 National SCHIP	2003 National Child Medicaid
Health Plan	90%	85%	87%
Health Care	86%	91%	89%
Personal Doctor or Nurse	88%	90%	91%
Specialist	92%	89%	81%

*Comparison data taken from the 2003 National CAHPS® Benchmarking Database

3. With respect to the CAHPS® 3.0H standard composites, the program's performance was slightly above National SCHIP but under National Medicaid Child Scores in 2 areas and below both National SCHIP and national Child Medicaid results in 3 areas. (see Table 14).

Table 14 - Comparison of HFP, National SCHIP & National Child Medicaid for Composite Questions

Composite Questions	Definition of Achievement Score	2003 HFP	2003 National SCHIP	2003 National Child Medicaid
Getting Needed Care	Not a Problem	86%	80%	92%
Getting Care Quickly	Usually + Always	63%	81%	78%
How Well Doctors Communicate	Usually + Always	88%	93%	90%
Courteous & Helpful Office Staff	Usually + Always	88%	96%	91%
Customer Service	Not a Problem	77%	72%	93%

4. In comparison to SCHIP and Medicaid scores, the HFP results for *Getting Care Quickly* (63 percent) and *Customer Service* (77 percent) draw attention to areas for future improvement. A future goal is to implement a quality improvement project that identifies best practices among participating health plans and facilitate improvement among plans with poor performance in these areas.

The data obtained from this survey provides plans and MRMIB with an opportunity to uncover areas of success and areas needing improvement. It also allows for an opportunity to compare California's SCHIP data to other SCHIP and Medicaid program data for a more global review. HFP health plans are provided with detailed information about their results which they have used to initiate changes in the delivery of services. At present, MRMIB is working with the plans to develop an approach to use the results from the survey for developing collaborative quality improvement activities for deficient areas, and for sharing best practices among participating health plans.

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